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ABSTRACT

This leaflet examines how family members, friends, and professionals sometimes enable individuals with disabilities to abuse alcohol and other drugs. The leaflet points out: that this enabling occurs because of overcompensation for the disability by others or because of others' feeling that the individual with a disability is entitled to use drugs; that the enabling problem can best be addressed through education and self-evaluation; and that the same criteria for reacting to alcohol and other drug abuse should be used for everyone, regardless of whether or not someone has a disability. Four commonly held myths about people with disabilities and drug use are dispelled with factual information. Three training materials, a videotape, and three print references are listed as sources of more information. (JDD)

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A Look at Alcohol and Other Drug Abuse Prevention and... DISABILITY AND ENABLING

People with disabilities who abuse alcohol and other drugs rarely manage to hide this fact completely. In spite of the sometimes obvious symptoms, others may not recognize or react to abuse when it affects someone with a disability. The reasons include ignorance about alcohol and other drug abuse or disability issues, or the perception that it is not one's place to interfere. When others do not attempt to confront alcohol and other drug abuse, it is referred to as "enabling." Because of inappropriate reactions to disabilities, enabling of alcohol and other drug abuse can be particularly problematic for people with disabilities.

Ironically, in the terminology of disability advocacy, "to enable" someone with a disability means to provide physically and attitudinally flexible environments which maximize societal participation. There needs to be a balance between being flexible and understanding about disability-related limitations, without encouraging unhealthy practices. Finding this balance is a challenge for those who are dealing with the issue of alcohol and other drug abuse and disability. It has been the people with disabilities, especially those within the independent living movement, who have been of the greatest assistance in defining the problems and possible solutions to this dilemma.

increase attention on the disability, rather than on other attributes of the person. When this occurs, alcohol and other drug abuse symptoms (such as poor school performance or health problems) are more likely to be perceived as disability-related, rather than natural consequences of alcohol and other drug abuse. Even when the alcohol and other drug abuse is recognized, there is a tendency to accept that the disability makes the abuse more understandable. Alcohol and other drug abuse enabling occurs in:

- families;
- peer groups;
- schools;
- job sites; and
- rehabilitation settings.

Often, it is those closest to the abuser, such as family members, who are the least able to recognize their own enabling behaviors.

On some occasions, societal reactions to people with disabilities include a more active form of alcohol and other drug abuse enabling. Uninformed individuals may have the feeling that life with a disability is so unpleasant that there is an "entitlement" to use alcohol or other drugs in order to cope (Moore, 1990). This attitude is based on a misperception of what it is like to live with a disability. This mistaken belief encourages people with disabilities to utilize both prescription and illegal drugs without facing the societal constraints which are applied to everyone else. In contrast to the perceptions of oth-

Alcohol and Other Drug Abuse Enabling

Overcompensation by well-meaning family members, friends, or professionals actually can

ers, people with disabilities do not view themselves as more entitled to use alcohol or other drugs (Moore and Siegal, 1989).

The enabling of alcohol and other drug abuse among people with disabilities can best be addressed through education and self-evaluation. Appropriate responses to alcohol and other drug abuse and disability issues require that a person be comfortable with his or her own relationship with alcohol and other drugs. If there are personal issues of alcohol and other drug abuse or co-dependency, it may be more difficult to respond to those symptoms in others. Also, a person must be comfortable interacting with the person with a disability. If being around a person with a disability causes uncomfortable feelings, it is likely that alcohol and other drug abuse issues will be ignored all together.

The same criteria for reacting to alcohol and other drug abuse should be used for everyone, regardless of whether or not someone has a disability. The task facing rehabilitation professionals includes educating people with disabilities and others about the dangers inherent in alcohol and other drug use. Family members of a person with a disability must learn to accept the disability with sensitivity, while acknowledging the accompanying risks for alcohol and other drug abuse.

Sometimes enabling stops only when family members, friends, and professionals recognize that alcohol and other drug abuse interventions are an effective means for preventing problems from becoming worse.

It is often difficult for persons unfamiliar with the physical needs of persons with disabilities to know the difference between positive and negative enabling. The word *enabling* is used in very different contexts in the alcohol and other drug field and in the disability field. In the disability field, to enable a disabled person is to provide a physically and attitudinally flexible environment in which their disability related needs are freely and openly accommodated to the extent possible. In the alcohol and other drug field, the word *enabling* refers to the often unintentional act of helping a person maintain their alcohol or other drug problem. It is, therefore, a negative term in this context. The ability to accommodate, or enable, a person's disability needs without accommodating, or enabling, their alcohol and other drug problems is difficult and only comes with training, exposure and experience.

—Excerpt from the Summary Report of the Institute on Alcohol, Drugs and Disability's National Policy and Leadership Development Symposium
August 1-3, 1991.

"Too often, counselors find themselves taking care of these people [with a disability where alcohol and other drugs play a major role in their lives]. Independent living goals are set aside. The counselor becomes mediator, trying to keep landlords from evicting the client, looking for emergency funds, emergency shelter, food, etc. Yet counselors seldom acknowledge the real reason for these emergencies. That is, the client's life is being gravely diseased by the abuse of chemical substances."

—**Johnnie Lacey**

Director

Community Resources for Independent Living
Hayward, CA

MYTHS & FACTS

MYTH: *People with disabilities do not have ready access to alcohol and other drugs.*

FACT: Within our society, virtually everyone has access to alcohol and other drugs. This is especially true for people who may be more susceptible to peer pressure or those who may already receive habit-forming prescription drugs. When people with disabilities are perceived as "naïve" or socially innocent, there are sometimes greater opportunities to abuse drugs and not be confronted.

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MYTH: *People with disabilities are "entitled" to use alcohol or other drugs in order to assist with social interactions or physical pain.*

FACT: A number of people with disabilities face challenges when attempting to establish and maintain an active social life. Although involvement in activities such as drinking may appear to be helpful in this regard, the risks associated with "social use" may not be readily apparent. These risks include medication side effects, a lower tolerance for alcohol, less experience in controlling consumption, and fewer social consequences which would limit episodes of abuse.

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MYTH: *People with chronic pain can only deal with their situation through the use of strong medications.*

FACT: Chronic pain is a condition experienced by millions of Americans. Our

medically-oriented culture looks to prescription and over-the-counter drugs as being a source of relief from these conditions. However, many people have discovered that medication only marginally assists with pain management, and in fact continual use of medication may only make the pain more obvious and debilitating. Exercise, diet, and other lifestyle adjustments, combined with specific pain reduction techniques, often are more successful in allowing someone to adjust to and live with pain.

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MYTH: *A person with a disability is not likely to become alcohol and other drug dependent.*

FACT: Anyone can become alcohol and other drug dependent, but some people are at higher risk than others. The factors which increase risk include a family history of heavy use, chronic stress or mental health problems, environmental and cultural exposure to heavy use, peer pressure, and even biological conditions which increase the predisposition for abuse. Another identified risk factor for alcohol and other drug dependency is the presence of a disability. If an individual of legal age experiences a disability, this does not mean that he or she should not be allowed to consume alcohol. However, it is important that the individual understand the risks for dependency which may be increased by the disability.

For More INFORMATION

Resources

The Substance Abuse Prevention Project has developed training material for rehabilitation staff serving persons with a traumatic injury, those addicted and their families. The material is appropriate for adults and teens. To order, contact the Rehabilitation Institute of Chicago, 448 E. Ontario #650, Chicago, IL 60611. Phone: (312) 908-2802.

The Substance Abuse Assessment and Education Kit was developed for those working in the field of traumatic brain injury. It contains useful clinical materials and research information intended to help identify substance abusers, develop effective plans for education and prevention, and assist in policy making efforts. To order, contact the Rehabilitation Research and Training Center on Severe Traumatic Brain Injury, Box 434, MCV Station, Richmond, VA 23298. Phone: (804) 786-7290.

Enabling: Masking Reality, a 22 minute video, narrated by Hugh Downs. For ordering and rental information, contact The Johnson Institute, 7205 Ohms Lane, Minneapolis, MN 55439. Phone: (800) 231-5165.

Training Manual for Professionals: Substance Abuse and Disability Issues. This manual can be used for self directed education or group training. Contact Substance Abuse Resources for Disabled Individuals, Department of Community Health, School of Medicine, Wright State University, Dayton, OH 45435. Phone: (513) 873-3588.

References

Cherry, L., and Gillespie, J. (1991). Discussion paper. Alcohol, Drugs and Disability: National Policy Leadership Development Symposium. Stanford University.

Moore, D. (1990). Research in substance abuse and disabilities: The implications for prevention and treatment. Paper presented at the National Prevention Research Conference People with Disabilities. Phoenix, AZ.

Moore, D., and Seigel, H. (1989). Double trouble: Alcohol and other drug use among orthopedically impaired college students. *Alcohol Health and Research World* 13(2), 118-123.

This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request. They include:

An Overview of Alcohol and Other Drug Abuse Prevention and Disability; and the series:

A Look at Alcohol and Other Drug Abuse Prevention and...Americans with Disabilities,

Attention Deficit Disorder, Blindness and Visual Impairments, Deafness and Hearing Loss,

Hidden Disabilities, Learning Disabilities, Mental Illness, Mental Retardation, Mobility Limitations,

Traumatic Brain Injury, Disability and Health Implications, Disability and Enabling,

Disability and the Family, Service Delivery Settings, and a Symptoms Checklist.

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